

Name in Full		Town				County		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		chickamaw		chas.		MARYLAND						
		Date of death		1908	Feb.	7	Age	Years	Still born	Months	Days			
		Sex		male		Color or Race		collord		Birth-place		chas. co Md.		
		Occupation				none				Where Residing if not at place of death				
		Married, Single or Widowed		single		Name of Wife or Husband		none						
		Father's Name				Joseph Berry				Father's Birthplace				charles co Md.
		Mother's Maiden Name				Lizzie Milstead				Mother's Birthplace				charles co Md.
PHYSICIAN OR CORONER		Name of person giving information				Joseph Berry				How related to deceased		Father		
		CAUSES OF DEATH								<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="font-size: 2em; font-weight: bold;">S</div> <div style="font-size: 0.8em; margin-left: 5px;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;"> <div style="width: 5px; height: 5px; background-color: black;"></div> </div> </div> </div>				
PHYSICIAN OR CORONER		Primary				Unknown				How long		Unknown		
		Immediate				Unknown				How long		Unknown		
		Are the name, age, sex, color, date and place correctly given above?				yes				Signature of Physician		Charles S. Carpenter		
		Address				Pizah Md. Sub Regstr.				<div style="background-color: black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="width: 10px; height: 10px; background-color: black;"></div> </div>				
PHYSICIAN OR CORONER		Accident or Suicide?				No Physician in attendance								
		LIBRARY BUREAU 48616												



Name
in
Full

unknown Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Marbury Town

Charles County

Date of death 1908

Month Feb.

Day 29

Age

Years

Months

Days 24

Sex male

Color or Race

white

Birth-place

Marbury Md.

Occupation

none

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

none

Father's Name

John W Bowie

Father's Birthplace

Charles co Md.

Mother's Maiden Name

Ethel H Bowie

Mother's Birthplace

Char. co Md.

Name of person giving information

John W Bowie

How related to deceased

Father

CAUSES OF DEATH

151

Primary

Premature Birth

How long

Three Hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Charles S Carpenter

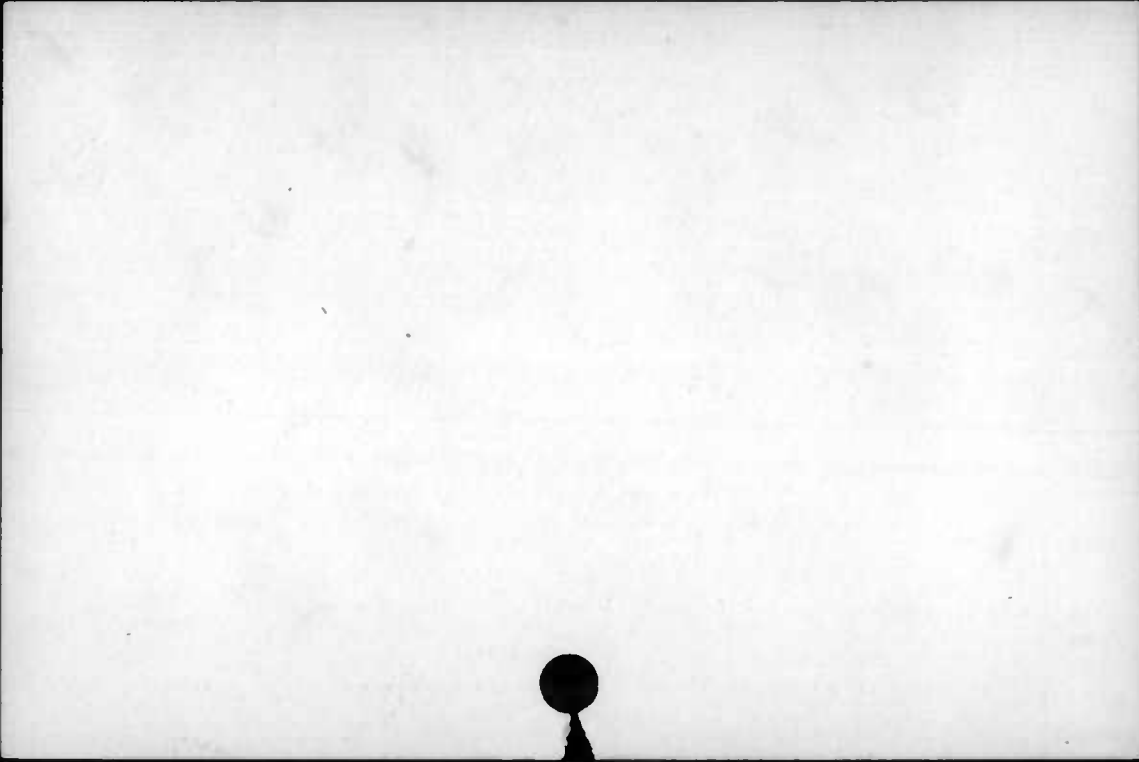
Address

Pisgah Md.

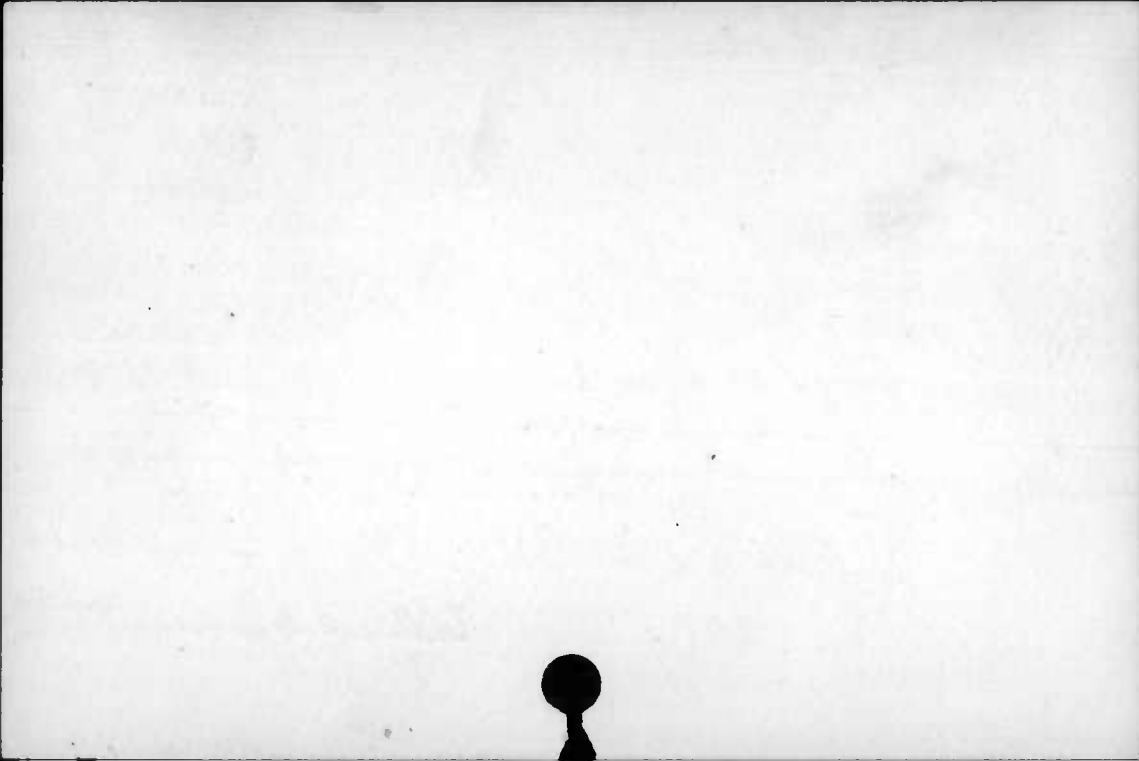
Accident or Suicide?

PHYSICIAN
OR CORONER

H



Name in Full		Susie Ward Bowie				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Pisgah</u> Town		<u>Charles</u> County		MARYLAND			
	Date of death	1908	Month	Feb.	Day	1	Age	62
	Sex		Female		Color or Race		white	
	Occupation		House Keeping		Birth-place		Charles co. Md.	
	Where Residing if not at place of death							
	Married, Single or Widowed		Married		Name of Wife or Husband		James O. Bowie	
	Father's Name		William Simmons		Father's Birthplace		Char. co Md	
	Mother's Maiden Name		Laura Mitstead		Mother's Birthplace		Char. co Md	
Name of person giving information		Max Bowie		How related to deceased		Son		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px;">27</div> </div>								
PHYSICIAN OR CORONER	Primary		Consumption		How long		13 years	
	Immediate		unknown		How long		unknown	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		None in attendance	
	Address		Pisgah Md.		Address		Pisgah Md.	
	Accident or Suicide?		Sub Registr.		2nd district		Charles County	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

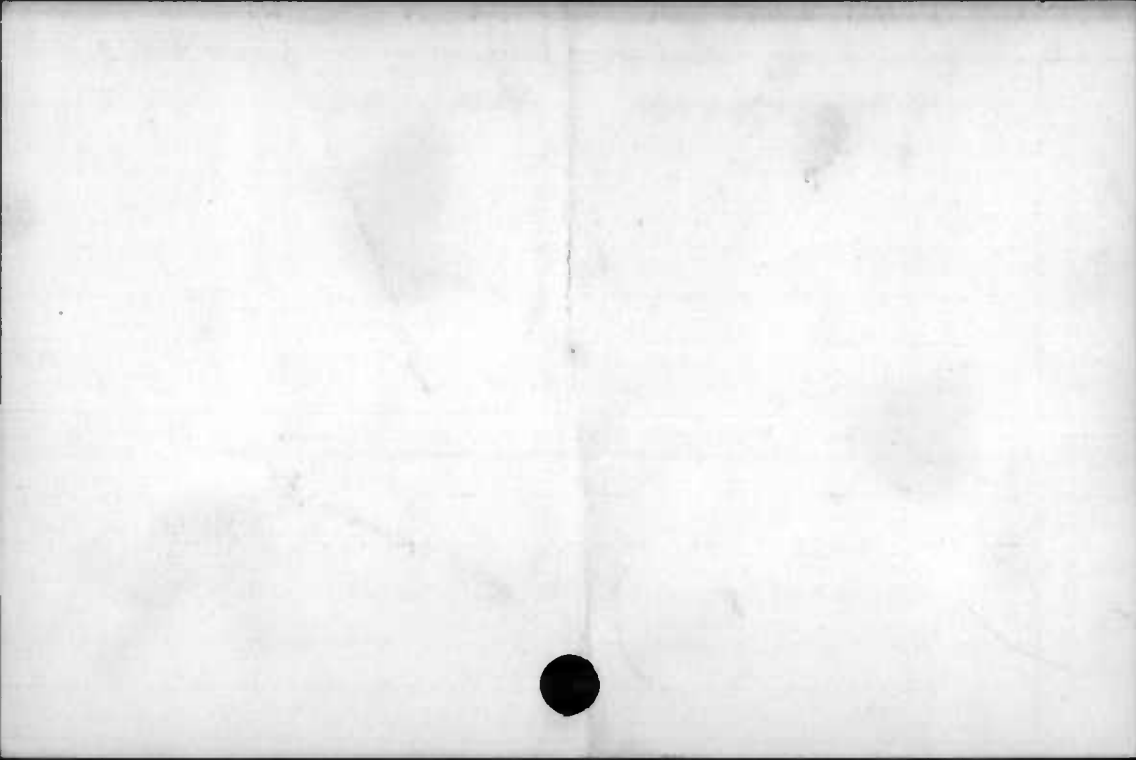
Died at <i>near Benedict</i>		Town <i>Benedict</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Feb</i>	Day <i>23</i>	Age <i>7</i>	Months <i>7</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James Brooks</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Maggie Marshall</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>James Brooks</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>Unknown</i>
Immediate	<i>Graemia</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. M. ...</i>	
		Address <i>Aquasco</i>	
Accident or Suicide? <i>No</i>		<i>Ind</i>	



Name
in
Full

E. Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lebanon</i> ^{Town}		<i>Lebanon</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>5</i>	Age <i>20</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Indy</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Jack Campbell</i>			Father's Birthplace <i>Indy</i>		
Mother's Maiden Name <i>Rachael Whalen</i>			Mother's Birthplace <i>Indy</i>		
Name of person giving information <i>William Campbell</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>9 mos</i>
Immediate <i>Tuberculous pneumonia</i>	How long <i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert H. [illegible]</i>
	Address <i>Highway 7nd</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Campbell</i>		Town <i>Norfolk</i>		County <i>Chanc</i>		MARYLAND	
Died at <i>Norfolk</i>		Month <i>July</i>		Day <i>1</i>		Age <i>6-</i>	
Date of death <i>1908</i>		Months <i>6-</i>		Years <i>6-</i>		Days <i>6-</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Charles Co</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Chas Co</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Jack. Campbell</i>		Father's Birthplace <i>Chas Co</i>					
Mother's Maiden Name <i>Rachel Whalen</i>		Mother's Birthplace <i>St Marys</i>					
Name of person giving information <i>Jack Campbell</i>		How related to deceased <i>Father</i>					
				CAUSES OF DEATH		(93)	

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>nine days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. S. Galt</i>	
<i>Yes</i>		Address <i>Wicomico Md</i>	
Accident or Suicide?		<i>Sub Reg</i>	



Name
in
Full

William Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Newport* ^{Town} *Charles* ^{County}

Date of death *1908* ^{Month} *Feb* ^{Day} *19* ^{Years} *Age* ^{Months} *6* ^{Days}

Sex *Male* Color or Race *Colored* Birth-place *Charles Co*

Occupation *none* Where Residing if not at place of death *Charles Co*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Jack Campbell* Father's Birthplace *Charles Co*

Mother's Maiden Name *Bettie Warren* Mother's Birthplace *Charles Co*

Name of person giving information *Wm. Whalen* How related to deceased *Brother*

CAUSES OF DEATH

100

PHYSICIAN
OR CORONER

Primary *Thrush* How long *Six days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

yes

Signature of Physician *W J Galt*

Address *Winnies Ma*

Sub-Roy

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

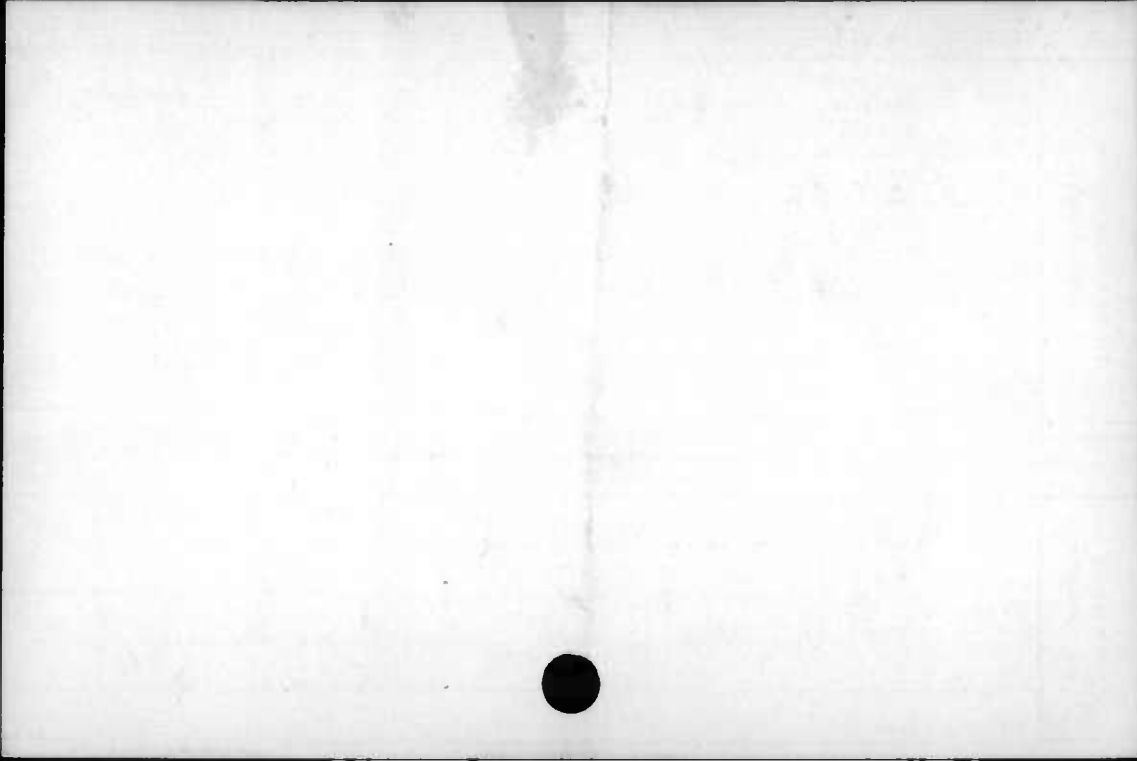
Died <i>near Hughesville</i> Town		County <i>Charles</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>9</i>	Age <i>5-5-</i>	Months <i>7</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind -</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Ind -</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ramie Burch Carrio</i>				
Father's Name <i>G. H. Carrio</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Theresa Farrell</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>James Estep</i>			How related to deceased <i>Bro-in-law</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute - indigestion</i>	How long <i>3 hrs.</i>
Immediate <i>Heart failure</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. C. Chappelow M.D.</i>
	Address <i>Hughesville - Maryland</i>
Accident or Suicide? <i>-</i>	



Name

in
Full*William J. Coffey*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

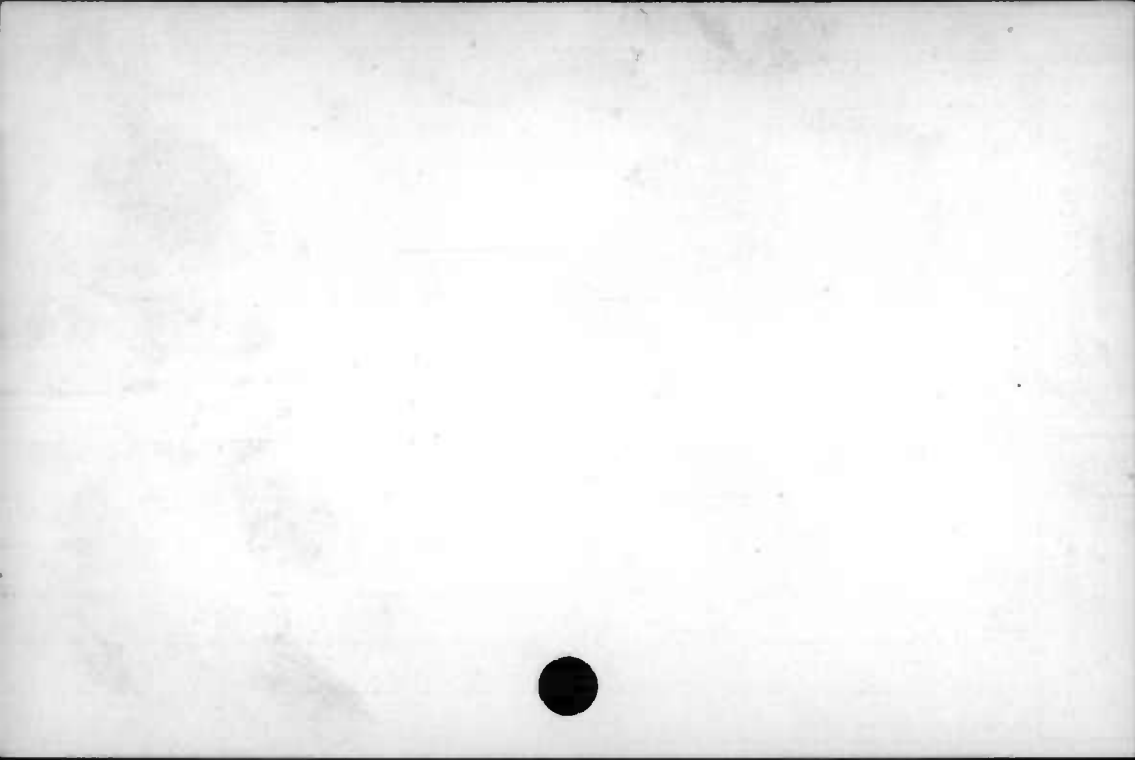
Died at <i>Boncourt</i> ^{Town}		<i>Chas Co</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Feb</i>	Day	<i>28</i>
Age	<i>75</i>	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Sailor</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>John Coffey</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Elizabeth Ware</i>			Mother's Birthplace	<i>unknown</i>
Name of person giving Information	<i>E. J. Milstead</i>			How related to deceased	<i>none</i>

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Old. gent. debility</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>B. Smith</i>
		Address	<i>Boncourt Md</i>
Accident or Suicide?	<i>(</i>		



Name in Full		Frederick D. Dacey						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Indian Head			County			MARYLAND		
	Date of death	1908	Month	Feb	Day	3	Years	28	Months	Days
	Sex	Male			Color or Race			White		
	Birth-place	Littleton N. H.								
	Occupation	Salesman			Where Residing if not at place of death					
	Indian Head									
PHYSICIAN OR CORONER	Married, Single or Widowed	Married			Name of Wife or Husband					
	Josephine Schier									
	Father's Name	Robert J. Dacey			Father's Birthplace					
	Boston Mass			Mother's Birthplace						
	Ireland			How related to deceased						
Wife										
		Name of person giving information			Josephine Dacey					
CAUSES OF DETH										
PHYSICIAN OR CORONER	Primary	Chronic Brights Disease			How long			3 years		
	Immediate	Uremia			How long			2 weeks		
	Are the name, age, sex, color, date and place correctly given above?			yes			Signature of Physician			
							Address			
							Perryway road			
Accident or Suicide?		no								

B H Diment Lab Register

Name
in
Full

Zachariah Greenfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Gallant Green</i>		County <i>Charles</i>		TOWN <i>Greenfield</i>		MAYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>27</i>	Years <i>183</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>not known</i>			Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>—</i>				
Name of person giving information <i>George Adams</i>			How related to deceased <i>none</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>—</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

No

Fredrick L. Dent
Sub Registrar
Bryantown - Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Pretty Hart.

Town

Died at

Chicamuxen

County

Charles

MARYLAND

Date

of death 1908

Month

Feb.

Day

27

Years

15

Age

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Chicamuxen, Md.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John W. Hart

Father's
Birthplace

Charles Co., Md.

Mother's
Maiden Name

Mary Eliza Jordan

Mother's
Birthplace

Charles Co., Md.

Name of person giving
In formation

Samuel Hart

How related
to deceased

Brother.

CAUSES OF DEATH

79

Primary

Acute Cardiac Dilatation

How long

5 mos.

Immediate

Pneumonia Nephritis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Geo. C. Bicknell,

Address

Pisgah, Md.

Accident or Suicide?

None



Name
in
Full

Lydia Francis Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cross Roads* ^{Town}*Charles* ^{County}

MARYLAND

Date
of death *1908*Month
*2*Day
22

Age

Years

Months

Days
7

Sex

*Female*Color or
Race*White*Birth-
place*Cross Roads, Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Henry Henderson*Father's
Birthplace*Ind*Mother's
Maiden Name*Myrtle Luttrell*Mother's
Birthplace*Ind*Name of person giving
In formation*Mrs. Margaret Murphy*How related
to deceased*None*

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary

Lock Jaw

How long

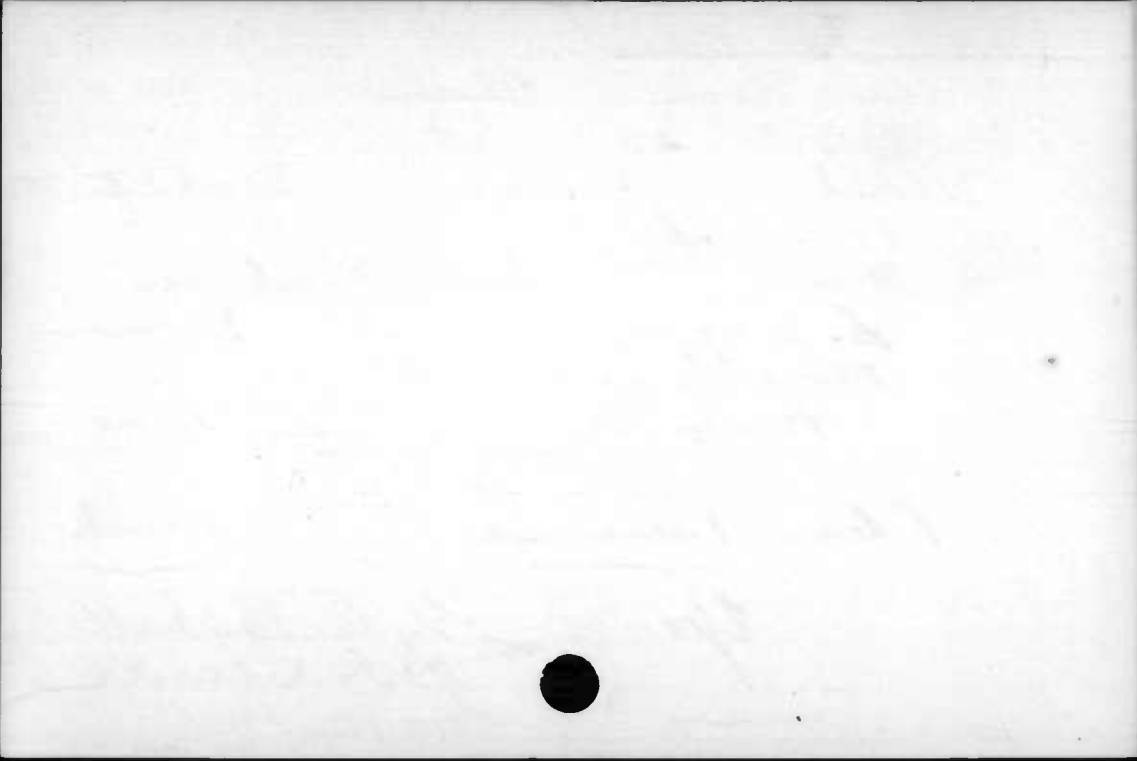
Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*James Wheeler
Sub-Registrar*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Name *Mary Henderson*Died at *Cross Roads* TownCounty *Charles*

MARYLAND

Date of death *1908 Feb.* MonthDay *23*Age *35* YearsMonths *—*Days *—*Sex *Female*Color or Race *American*Birth-place *Washington DC.*Occupation *Housewife*Where Residing if not at place of death *—*Married, Single or Widowed *Married*Name of ~~Wife~~ or Husband *Charles Henderson*Father's Name *S. Napp*Father's Birthplace *Unknown*Mother's Maiden Name *Mary Duaid*Mother's Birthplace *"*Name of person giving information *Frank Perry*How related to deceased *None*

CAUSES OF DEATH

93Primary *Pleuro-Pneumonia*How long *1 week*Immediate *—*How long *—*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

G. C. Bicknell
S. H. Speake
Grayton Md.

Address

Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Galeville Green

County

Charles

Date

1908

Month

Feb

Day

11

Age

Years

56

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Sarah Higgo

Father's
Name

Barbard Higgo

Father's
Birthplace

Md

Mother's
Maiden Name

Susan Hardisty-

Mother's
Birthplace

Md

Name of person giving
In formation

Sarah Higgo

How related
to deceased

Wife

CAUSES OF DEATH

40

Primary

Carcinoma of Stomach

How long

1 Year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Y Y

Signature of
Physician

L. O. Emrod M.D.

Address

Pryattown

Md

Accident or Suicide?

PHYSICIAN
H. PROCTOR



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walcott</i> Town		<i>Johnson</i> County		MARYLAND	
Date of death	1908	Month	July	Day	16
Age		Years		Months	Days
Sex	Male	Color or Race	Black	Birth-place	Ind
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Henry Johnson</i>		Father's Birthplace	
Mother's Maiden Name		<i>Levy Marshall</i>		Mother's Birthplace	
Name of person giving information		<i>Henry Johnson</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>White Bone</i>	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>h</i>		<i>G. O. Smith</i>	
		Address	
		<i>Walcott</i>	
Accident or Suicide?			



Name
in
Full

Elizabeth S. Lancaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

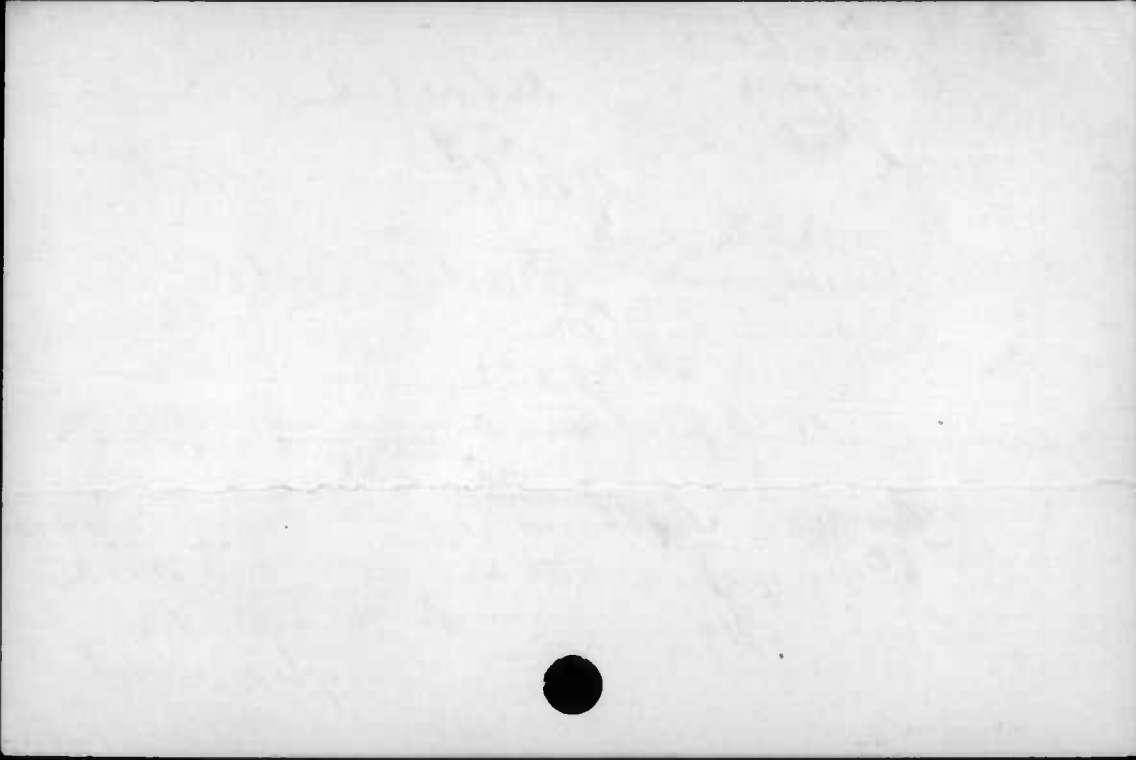
Died at <i>Rock Point</i> ^{Town}		<i>Charles</i> ^{County}		'MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>17</i>	Years <i>84</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Smyrna Del.</i>		
Occupation <i>Had none</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Ignatius A. Lancaster</i>			
Father's Name <i>Simon Spruance</i>		Father's Birthplace <i>Smyrna Del.</i>			
Mother's Maiden Name <i>Mary Spruance</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Mary E. List</i>		How related to deceased <i>daughter</i>			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Fatty degeneration of heart</i>	How long <i>2 yrs.</i>
Immediate <i>La grippe</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Higdon</i>
	Address <i>Wayside</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

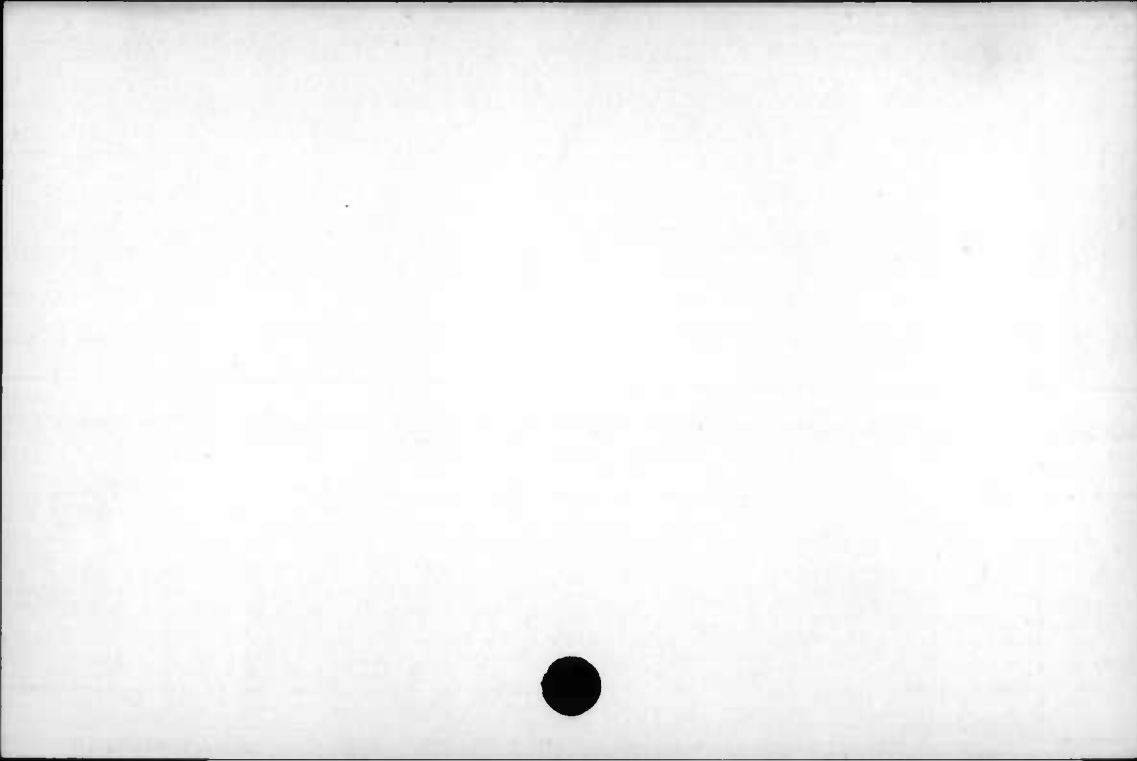
Name in Full <i>A. W. Linton</i>		Town <i>Grayton</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Died at <i>Grayton</i>		Month <i>Feb</i>		Day <i>28</i>		Years <i>59</i>	
Date of death <i>1908</i>		Months <i>2</i>		Days <i>28</i>		Age <i>59</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>Farmer & Mechanic</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>married</i>		Name of Wife <i>Sadie Linton</i>					
Father's Name <i>Samuel Linton</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Maria Hoover</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>W B Linton</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Cardiac Asthma</i>	How long <i>Several years</i>
Immediate <i>md Pneumonia with Hemorrhage</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. H. Speake</i>
	Address <i>Grayton md</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Dr. Edward Middleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied *May* *La Plata* ^{Town}County *Charles*

MARYLAND

Date
of death *1908*Month
*Feb*Day
*9th*Age
*14*Months
3

Days

Sex *Male*Color or
Race *colored*Birth-
place *Charles*Occupation
*laborer*Where Residing if not
at place of deathMarried, Single
or Widowed *single*Name of Wife or
HusbandFather's
Name *Jennifer Middleton*Father's
Birthplace *Charles*Mother's
Maiden Name *Fannie Dent*Mother's
Birthplace *Charles*Name of person giving
In formation *Stoddard Dent*How related
to deceased *uncle*

CAUSES OF DEATH

27

Primary *Tuberculosis*How long
*8 months*Immediate *General exhaustion*

How long

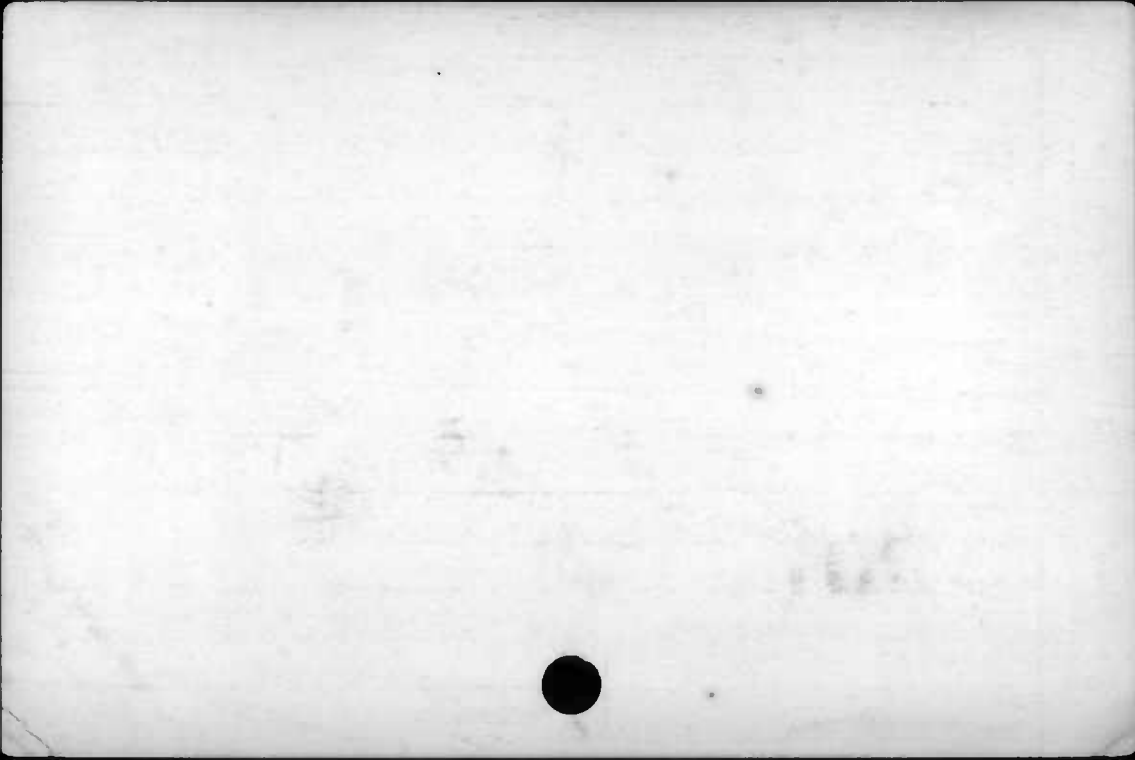
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Thos. S. Owen*

Address

La Plata

Accident or Suicide?

no



Name in Full

Certificate of Death

Died at

Wilcome

County

Ches

MARYLAND

Date 1906

Month

2

Day

4

Y.

M.

D.

18

Native of

Ches

Occupation

—

Age

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

J. W. Owen

Mother's

Maiden Name

Mary C. Welch

Cause of

Primary

Pneumonia

How long sick

13 days

Death

Immediate

—

93

Accident, Suicide, Homicide

Reported by

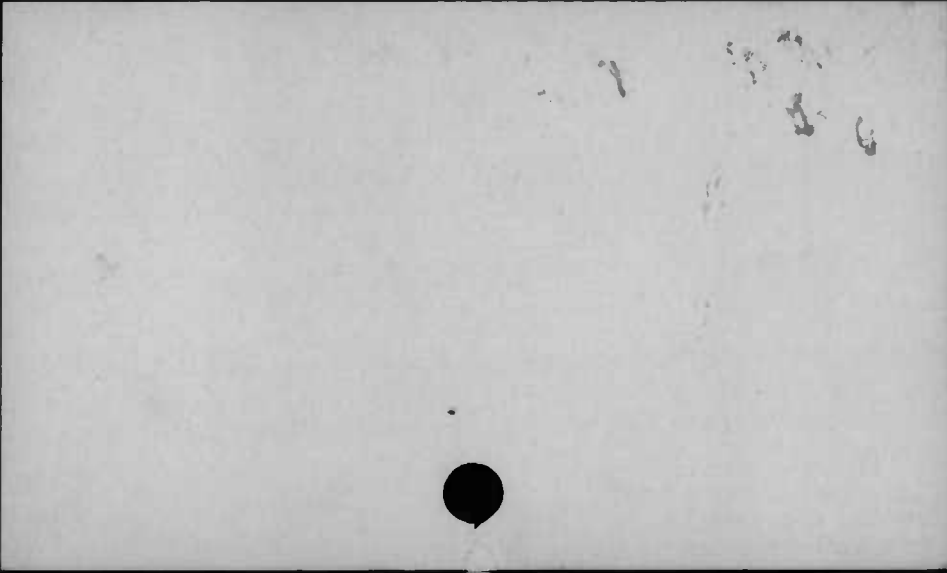
J. W. Owen

Address

Wilcome

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rosie J. Owen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Hill Top</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Feb</i>		Day <i>20th</i>		Years <i>36</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>		Months	
Occupation <i>House wife</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>A. V. Owen</i>					
Father's Name <i>Wm Brent Pyle</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Mary A Gray</i>		Mother's Birthplace <i>md</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<i>Puerperal fever with influenza</i>	How long	<i>three weeks</i>
Immediate	<i>Arthritis with heart comp.</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. H. Speake md</i>	
		Address <i>Grayton md.</i>	

W. F. Browne
Int. Reg.

Name
in
Full

William Pie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

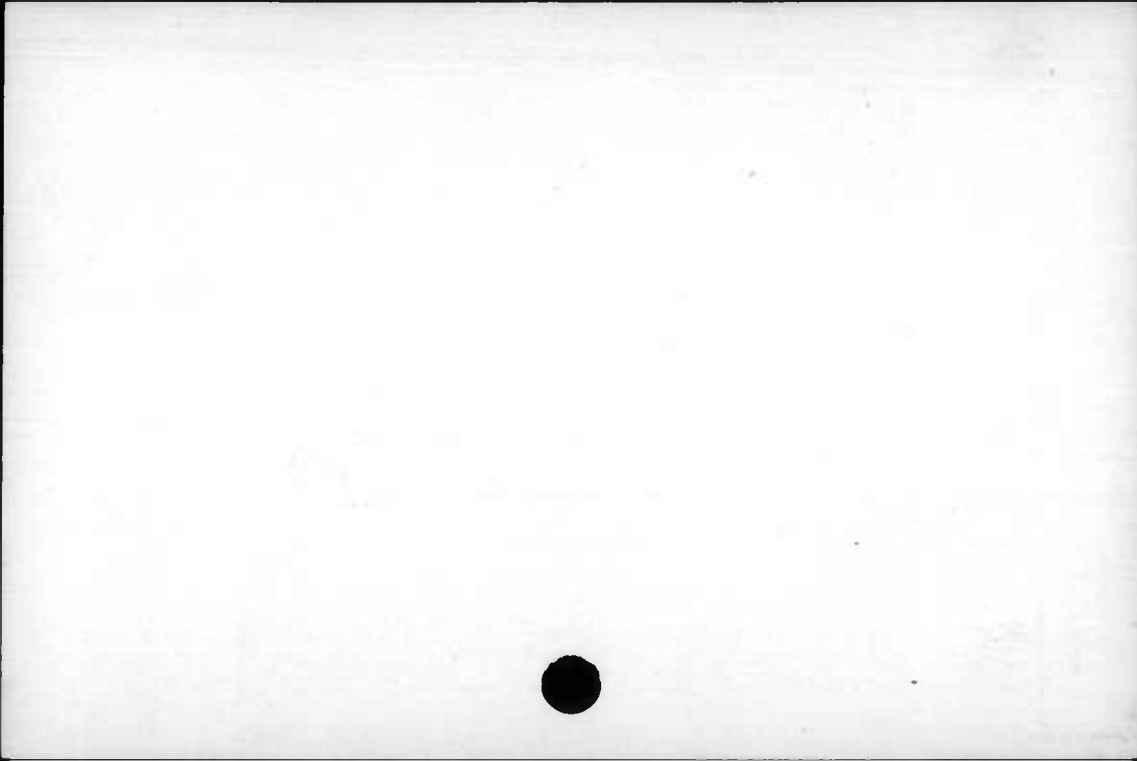
Died at Town <u>Pommonkey</u>		County <u>Chas</u>		MARYLAND	
Date of death	1908	Month <u>Feb</u>	Day <u>14</u>	Age <u>—</u>	Years <u>—</u>
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Pommonkey, Md</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>at place of death</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John Pie</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Lottie Chase</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Sam Chase</u>		How related to deceased <u>Grand Father</u>			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<u>Cough & cold</u>	How long	<u>11 months</u>
Immediate		How long	<u>11 months 15 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of <u>John Marshall</u>	
<u>Yes</u>		Address <u>Sub Rf</u>	
Accident or Suicide? <u>No</u>		<u>Pommonkey Md</u>	



Name
in
Full

Rosalie Shiver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

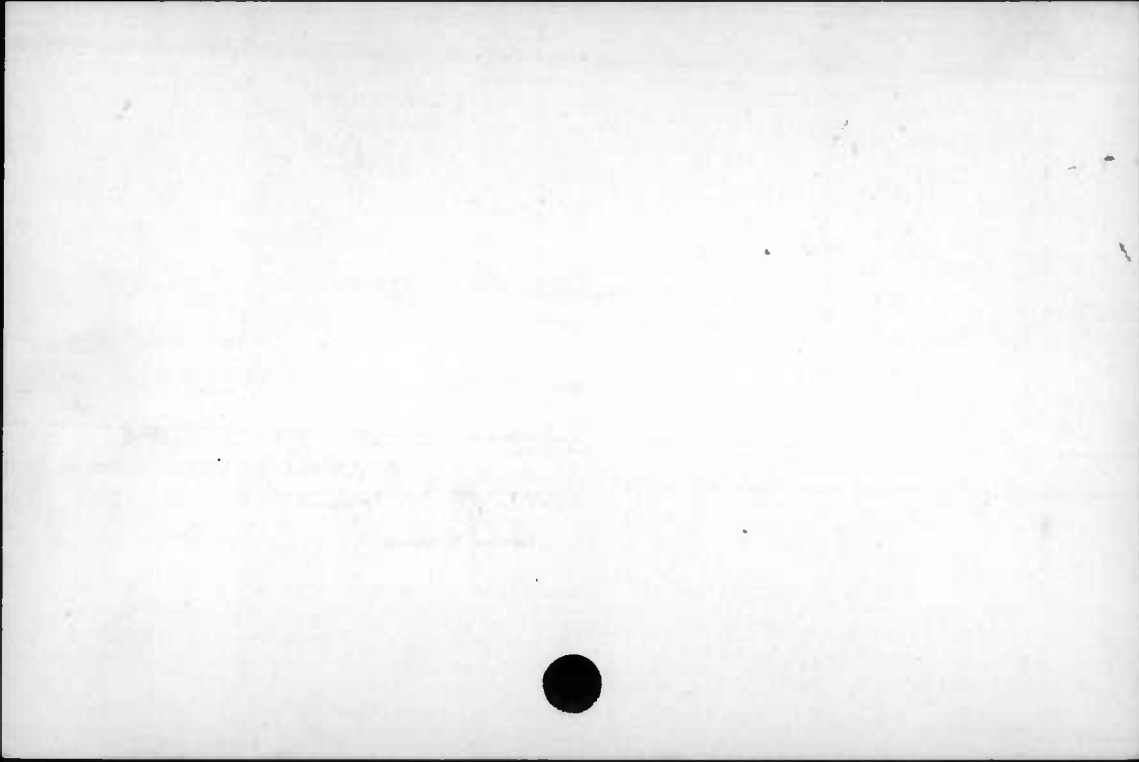
Died at <i>Rison</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb.</i>	Day <i>24</i>	Age <i>38</i>	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>New York</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jacob Shiver</i>				
Father's Name <i>Egnaces Shivan</i>	Father's Birthplace <i>Europe</i>		Mother's Birthplace <i>Europe</i>		
Mother's Maiden Name <i>Mary (unknown)</i>	Name of person giving information <i>Jacob Shiver</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

Primary <i>Pleuro. Pneumonia - Purpural Mania</i>	How long <i>2 weeks</i>
Immediate	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. C. Bicknell</i>
	Address <i>Pegah. Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Hill Born Thomas
Newport Town Char
County

Date

of death 1908

Month

July

Day

7

Age

Years

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Charles Leo

Occupation

Where Residing if not
at place of death

Charles Leo

Married, Single
or WidowedName of Wife or
Husband

None

Father's
Name

Carroll Thomas

Father's
Birthplace

Charles Leo

Mother's
Maiden Name

Rose Hardison

Mother's
Birthplace

Baltimore

Name of person giving
Information

Carroll Thomas

How related
to deceased

Father

CAUSES OF DEATH

179

Primary

Not Known

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W J Galtis
Weinies and
Sub Reg

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

~~Miss~~ Infant-Child of Fred & Ida Toy

Town Baltimore County Chesapeake MARYLAND

Died at Baltimore

Date of death 1908 Month 2 Day 4 Age — Years — Months — Days 1/2 hr

Sex Male Color or Race Black Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Fred Toy Father's Birthplace Ind

Mother's Maiden Name Ida M Toy Mother's Birthplace Ind

Name of person giving information Fred Toy How related to deceased Father

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary Retarded Labor How long 6 hr

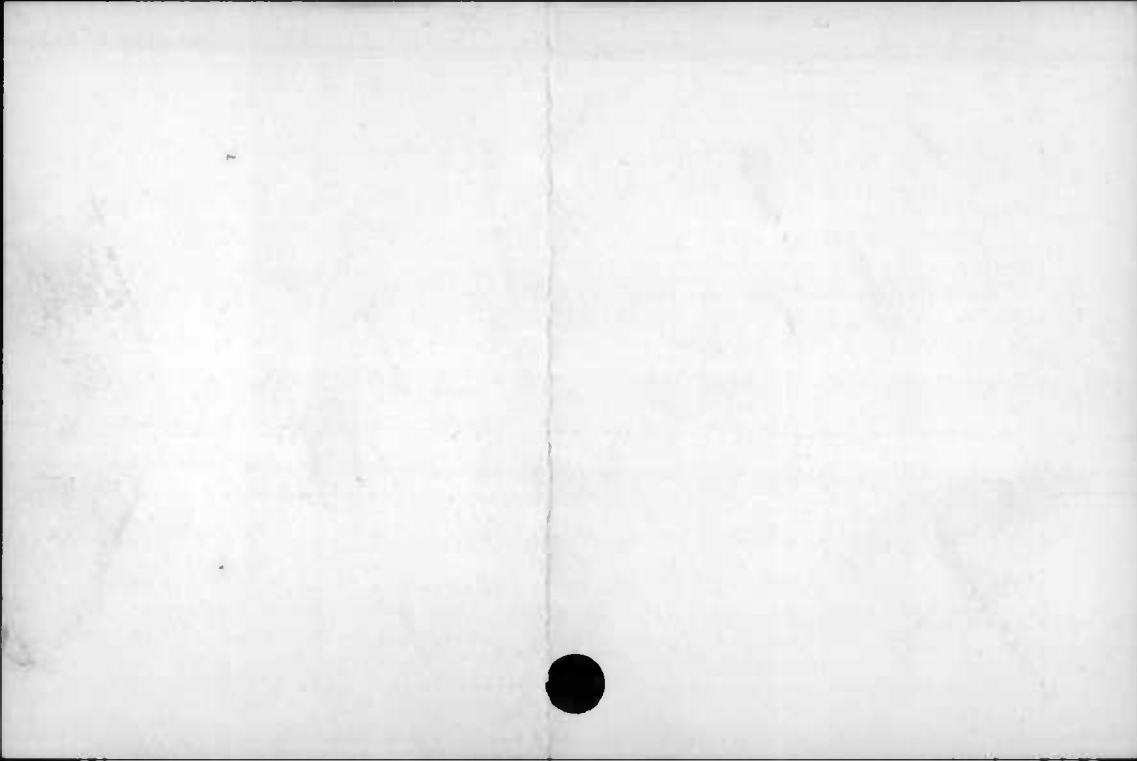
Immediate Asphyxiation How long 1 hr

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. C. Chappin

Address Baltimore

Accident or Suicide? H



Name
in
Full

Buck Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

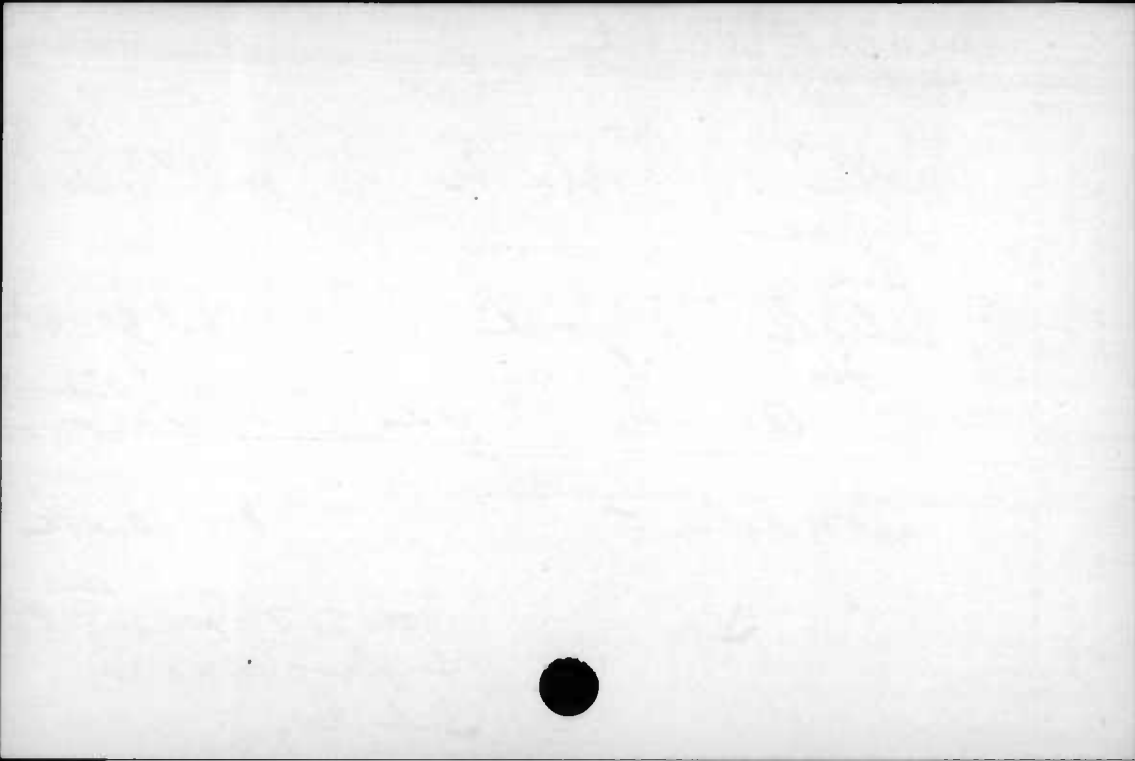
Died at <u>Batton</u> ^{Town}		<u>Lehman</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>July</u> ^{Month}	<u>10</u> ^{Day}	Age <u>37</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Caucasian</u>		Birth-place <u>Ind</u>		
Occupation <u>Laborer</u>			Where Residing If not at place of death <u>at home</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Mar Marshall</u>			
Father's Name <u>John Tyler</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Anna Tyler</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Edward Young</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

93


PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>4 weeks</u>
Immediate <u>Shock of illness</u>	How long <u>that while</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G. O. Fournier</u>
	Address <u>Salisbury</u>
Accident or Suicide? <u>No</u>	



Name in Full		Wallace Ward				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hill Top Town		Chas. County		MARYLAND
	Date of death	1908	Month	2	Day	15	Age
					Years		Months
					Days		
	Sex	Male		Color or Race	Black		Birth-place
	Occupation		none		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		none
PHYSICIAN OR CORONER	Father's Name		Alick Ward		Father's Birthplace		Chas Co Md
	Mother's Maiden Name		Helen Chunn		Mother's Birthplace		" " "
	Name of person giving information		Alick Ward		How related to deceased		Father
	CAUSES OF DEATH						101
	Primary		Tonsillitis		How long		one week
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		None Sent Certificate	
				Address		W. F. Browner	
						Sub Reg.	
Accident or Suicide?							

W. F. Bawker
Jnl. Reg.

Name in Full		Still Born Willott				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Waldorf</u> <small>Town</small>		<u>Charles</u> <small>County</small>		MARYLAND		
	Date of death <u>1908</u>	<u>Feb</u> <small>Month</small>	<u>27</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>	
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Charles Co Md</u>			
	Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
	Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
	Father's Name <u>Waller Willott</u>	Father's Birthplace <u>Md</u>		Mother's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Eva Snoop</u>	Name of person giving information <u>Waller Willott</u>		How related to deceased <u>Father</u>				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;"> 5 </div>							
PHYSICIAN OR CORONER	Primary <u>Still Born</u>		How long <u>—</u>				
	Immediate <u>—</u>		How long <u>—</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>G. O. Morris</u>				
			Address <u>Waldorf</u>				
Accident or Suicide? <u>—</u>		 <u>Md</u>					



Name in Full		No name Yates		County		CERTIFICATE OF DEATH	
Died at		Wicomico		Charles		MARYLAND	
Date of death		1908	Month	July	Day	22	Age
					Years	Months	Days
Sex		Male		Color or Race		Colored	
Occupation		none		Birth-place		Charles Lee	
				Where Residing if not at place of death		Charles Lee	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Washington Yates		Father's Birthplace		Charles Lee	
Mother's Maiden Name		Mary Cochran		Mother's Birthplace		Charles Lee	
Name of person giving information		Washington Yates		How related to deceased		Father	
				CAUSES OF DEATH		179	
Primary		Not Known		How long		1/2 Day	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. J. Yates	
				Address		Wicomico Md	
Accident or Suicide?						Sub Reg.	

